

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/05/2013	
NAME OF PROVIDER OR SUPPLIER HEARTH AT STONES CROSSING LLC THE				STREET ADDRESS, CITY, STATE, ZIP CODE 2339 S SR 135 GREENWOOD, IN 46143			
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 3, 4, & 5, 2013</p> <p>Facility number: 005722 Provider number: 005722 AIM number: N/A</p> <p>Survey team: Marcy Smith, RN-TC Leia Alley, RN Patti Allen, BSW April 3 & 4, 2013 Dinah Jones, RN April 5, 2013</p> <p>Census bed type: Residential: 111 Total: 111</p> <p>Census payor type: Other: 111 Total: 111</p> <p>Sample: 8</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on April 11, 2013; by Kimberly Perigo, RN.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000119	<p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance (d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following: (1) Instructions on the needs of the specialized populations: (A) aged; (B) developmentally disabled; (C) mentally ill; (D) dementia; or (E) children; served in the facility. (2) A review of the facility's policy manual and applicable procedures, including: (A) organization chart; (B) personnel policies; (C) appearance and grooming policies for employees; and (D) residents' rights. (3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures. (4) Review of ethical considerations and confidentiality in resident care and records. (5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care. (6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation.</p> <p>Based on record review and interview, the facility failed to ensure new employees assigned to work in the secured dementia unit received 6 hours of dementia training within 30</p>	R000119	<p>We respectfully request an informal dispute resolution for the alleged deficient practice R119. In accordance with 410 IAC 16.2-5-1.4(E)(2), "staff who have</p>		05/04/2013		

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	<p>days of hire. This had the potential to affect all 25 residents residing in the secured dementia unit. (LPN #2 and CNA #1)</p> <p>Findings include:</p> <p>During a review of employee records and employee inservices on 4/4/13 at 11:00 a.m., there was no documentation to indicate CNA (Certified Nursing Assistant) #1 and LPN (Licensed Practical Nurse) #2 had received 6 hours of dementia training.</p> <p>CNA #1 started working at the facility on 2/8/13. She was observed working on the secured dementia unit on 4/4/2013 at 11:30 a.m.</p> <p>LPN #2 started working at the facility on 1/23/13. On 4/3/13 at 12:13 p.m., she indicated she had floated to the secure dementia unit several times.</p> <p>During an interview with the Director of Nursing on 4/4/13 at 4:20 p.m., she indicated both CNA #1 and LPN #2 had floated to the secured dementia unit since they started working at the facility. She indicated at this time she was not able to find any information to show CNA #1 and LPN #2 had received 6 hours of dementia training</p>		<p>contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter."</p> <p>For the alleged deficient practice R119, it is stated that this rule is not met as evidenced by: "Based on record review and interview, the facility failed to ensure new employees assigned to work in the secured dementia unit received 6 hours of dementia training within 30 days of hire."</p> <p>The employees (C.N.A. #1 and LPN #2) who were noted to be lacking documentation of six (6) hours of dementia training are both new employees who have not yet been employed for six (6) months. Because the requirement states that the six (6) hours of dementia training must be completed within six (6) months of hire, both of these employees are not required to have this training completed until 07/23/13 and 08/08/13 respectively.</p> <p>Although we disagree with the alleged stated deficient practice, please accept our submitted plan of correction as required.</p>				

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	prior to their working on the secured dementia unit.			<p>R119</p> <p>No residents were affected by the alleged deficient practice</p> <p>All residents on our secured dementia unit have the potential to be affected by this alleged deficient practice.</p> <p>Employee records have been reviewed to identify any employees who have not received the six (6) hours of dementia training. Six (6) hours of dementia training has been scheduled for those staff members on Wednesday, April 24, 2013 and Tuesday, April 30, 2013.</p> <p>Facility systems have been changed so that training and instruction on the needs of the specialized populations, including the aged and those with dementia, have been added to the facility new hire orientation process. New employees will receive this training prior to working independently on the secured dementia unit. In</p>			

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				<p>addition, ongoing dementia training will be offered to new employees to assure that six (6) hours of dementia training is completed within the prescribed timeframe.</p> <p>The Business Office Manager and/or designee will conduct sample audits of new hire personnel files every quarter to ensure that timely new hire dementia training has been completed. Results of these audits will be reviewed by the QA Committee, who will establish the threshold of compliance and make further recommendations accordingly.</p>			

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R000120	<p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following:</p> <p>(A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice.</p> <p>The employee will acknowledge attendance by written signature.</p> <p>Based on record review and interview, the facility failed to ensure employees received in-service</p>	R000120	R 120		05/04/2013		

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	<p>education/training on resident rights, dementia, and abuse during the year 2012, for 2 of 4 employees reviewed for having received annual inservices. (CNA #4 and Dishwasher #3)</p> <p>Findings include:</p> <p>During a review of employee records on 4/4/13 at 11:00 a.m., no documentation was found to indicate CNA (Certified Nursing Assistant) #4 and Dishwasher #3 received annual inservice training in 2012, regarding resident rights, dementia, and abuse.</p> <p>CNA #4 was hired on 9/27/10.</p> <p>Dishwasher #3 was hired on 7/9/10.</p> <p>During an interview with the Director of Nursing on 4/4/13 at 4:20 p.m., she indicated she was not able to find any information which indicated CNA #4 and Dishwasher #3 had received any annual inservice training for resident rights, dementia, and abuse in 2012.</p>				<p>No residents were affected by the alleged deficient practice</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Employee records have been reviewed to identify any employees who did not receive the required annual inservice training in 2012. Training for a variety of topics, including but not limited to resident rights, dementia and abuse, has been scheduled for those staff members on Wednesday, April 24, 2013, Friday, April 26, 2013 and Tuesday, April 30, 2013.</p> <p>Facility systems have been changed so that an organized and ongoing annual inservice education and training program has been planned in advance for all staff in all departments. This training program covers a variety of topics, including but not limited to resident rights, dementia and abuse. Current employees have been made aware of their responsibilities and expectations of participation in this training program – as will new</p>		

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				<p>employees during the new hire orientation process.</p> <p>The Business Office Manager and/or designee will maintain and track employee training and education records. In addition, the Business Office Manager and/or designee will conduct sample audits of employee training records every quarter to ensure that employees are actively participating in the annual inservice education and training program. Results of these audits will be reviewed by the QA Committee, who will establish the threshold of compliance and make further recommendations accordingly.</p>			